



"PATENT"

**AMENDMENT TRANSMITTAL FORM**

In re application of: Richard A. Demmin, et al.  
U. S. Serial No.: 09/869,987  
Filed: January 14, 2000  
For: HYDROFINING PROCESS USING BULK  
GROUP VIII/GROUP VIB CATALYSTS

) Before the Examiner  
) In Suk C Bullock  
) Confirmation No.: 4456  
) Group Art Unit : 1764  
) Family Number: P1997J057D

Commissioner for Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

☒ The undersigned hereby certifies having information and a reasonable basis for belief that this correspondence will be deposited as first-class mail with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on January 23, 2007.

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$ 0 to extend the time for filing this response until \_\_\_\_\_.

The fee for any changes in number of claims has been calculated as shown below.

| CLAIMS AS AMENDED            |                                            |       |                                              |                         |             |          |
|------------------------------|--------------------------------------------|-------|----------------------------------------------|-------------------------|-------------|----------|
| (1)                          | (2)<br>Claims Remaining<br>After Amendment | (3)   | (4)<br>Highest Number<br>Previously Paid For | (5)<br>Present<br>Extra | (6)<br>Rate | (7)      |
| Total<br>Claims              | *                                          | Minus | **                                           |                         | x 18.00     |          |
| Indep.<br>Claims             | *                                          | Minus | ***                                          |                         | x 88.00     |          |
| MULTIPLE DEPENDENT CLAIM FEE |                                            |       |                                              |                         | \$300.00    |          |
| FEE FOR CLAIM CHANGES        |                                            |       |                                              |                         |             | <u>0</u> |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this RCE and INFORMATION DISCLOSURE STATEMENT, including claim changes and any extension of time is calculated to be \$ 970.-.

☒ Charge \$ 970.- to Deposit Account No. 05-1330.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

22 Jan 2007  
Date of Signature

Paul E. Purwin  
Attorney or Agent of Record

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☒ Pursuant to 37 CFR 1.34(a)